

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Portman For Senate Committee

Full Name (Last, First, Middle Initial)

**A. William Inman**

Mailing Address 600 W Goodale Street  
Apt. 467

City Columbus State OH Zip Code 43215-1908

Purpose of Disbursement  
Reimbursement: See Below

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

Amount of Each Disbursement this Period

1426.07

Transaction ID : B-E-63510

Original vendors exceeding reporting threshold itemize  
as memo transactions.

Full Name (Last, First, Middle Initial)

**B. Embassy Suites**

Mailing Address 2886 Airport Drive

City Columbus State OH Zip Code 43219-2240

Purpose of Disbursement  
Meeting Food and Beverage

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

Amount of Each Disbursement this Period

1007.17

Transaction ID : B-S-6499

[MEMO ITEM]

Subitemization of William Inman(09/04/15)

Full Name (Last, First, Middle Initial)

**C. William Inman**

Mailing Address 600 W Goodale Street  
Apt. 467

City Columbus State OH Zip Code 43215-1908

Purpose of Disbursement  
Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

Amount of Each Disbursement this Period

2126.07

Transaction ID : B-E-64091

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

3552.14